

Safeguarding Adults Policy

Background page 2

Responsibilities page 3

Understanding harm and abuse page 5

Responding to a concern page 8

Allegations against a member of staff, trustee or volunteer page 10

Information sharing, confidentiality and documentation page 11

Safe recruitment, induction, training and supervision page 12

Appendices page 14

# Background

Living a life that is free from harm and abuse is a fundamental human right and essential for health and well-being.

Safeguarding adults legislation and associated policies focus on the training, practices and procedures that are put in place to protect those adults who are least able to protect themselves, referred to in this context as ‘adults at risk’.

Healthwatch Sutton is committed to the principles and practices of adult safeguarding and fulfilling its responsibilities as a local Healthwatch organisation in responding to safeguarding concerns.

## Purpose

This policy sets out a framework and set of procedures to ensure that Healthwatch Sutton discharges it duties and commitments in respect of safeguarding fully and effectively and in accordance with statutory guidance.

# Responsibilities

## Board of trustees

* For ensuring that Healthwatch Sutton has a safeguarding policy that complies with statutory requirements and guidance from the Sutton Safeguarding Adults Board
* The safeguarding policy is available on request and accessible on the Healthwatch Sutton website.
* The safeguarding policy is reviewed every two years.
* That Healthwatch Sutton complies with [statutory requirements](https://www.gov.uk/guidance/dbs-check-requests-guidance-for-employers) relating to safe recruitment.
* The Chair liaises with the local authority in the event of allegations against the CEO.
* Require regular safeguarding updates and ensure that any weaknesses in the Healthwatch Sutton safeguarding arrangements are addressed promptly.
* One or more members of the Board are nominated to take a lead on safeguarding matters.

## CEO

* Overseeing and ensuring the effective implementation of the Healthwatch Sutton Safeguarding policy and procedures, including in relation to recruitment
* Ensuring that the Safeguarding Lead has the right support and training for their role.
* Ensuring that appropriate safeguarding training is in place for all staff and volunteers and is delivered in a timely fashion in line with guidance.
* Taking the lead role in the event of an allegation of abuse against a member of staff or volunteer.
* Reporting any serious safeguarding incident to the Charity Commission following the guidance here <https://www.gov.uk/guidance/how-to-report-a-serious-incident-in-your-charity> and to [Sutton Safeguarding Adults Board](https://www.suttonsab.org.uk/)

As Healthwatch Sutton is a small organisation, the CEO may also be the Safeguarding Lead, in which case the Chair should ensure that CEO has the support needed to take on this additional role

## Safeguarding Lead

* Raising awareness of safeguarding across the organisation, and how this relates to Human Rights, Equality Act duties and duties under the Mental Capacity Act 2005.
* In liaison with the CEO, ensuring by means of training, supervision and information sharing that staff and volunteers have sufficient understanding of this policy and associated procedures and feel confident and supported to implement them
* Taking a lead role in liaison with the [Sutton Safeguarding Adults Board](https://www.suttonsab.org.uk/) (SSAB) and other relevant agencies
* Responding to concerns raised by staff, trustees or volunteers by
	+ Documenting the details of the concern securely
	+ Making decisions about whether onward referrals are needed, in consultation with the CEO and Trustee Safeguarding Lead when appropriate
	+ Making onward referrals when needed
	+ Providing support to the staff member or volunteer raising the concern as needed
* Providing regular updates to the Board about safeguarding matters, including a training update, the numbers of concerns raised and referrals made, and the broad nature of the concerns (with due regard to confidentiality).
* If the Safeguarding Lead is also the CEO, some of the above tasks may be delegated to the Deputy Safeguarding Lead

## Trustee Lead for Safeguarding

* Working closely with the Safeguarding Lead
* Raising awareness of safeguarding across the organisation
* Taking a lead role in liaising with the SSAB
* Ensuring that the Board receive regular safeguarding updates at Board meetings or Information and Support meetings

## Staff and volunteers

* Attending safeguarding training as required in accordance with guidelines, which is usually at induction and at least once every three years
* Reporting any safeguarding concerns, suspicions, or allegations to the Healthwatch Sutton Safeguarding Lead in line with the guidance in the section of this document headed **Responding to a Concern**.

# Understanding harm and abuse

## Risk of harm and abuse

In relation to adults, the [Care and Support Statutory Guidance](https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance) states that “safeguarding duties apply to an adult who:

* has needs for care and support (whether or not the local authority is meeting any of those needs)
* is experiencing, or at risk of, abuse or neglect
* as a result of those care and support needs is unable to protect themselves from either the risk or, or the experience of abuse or neglect”

In these cases, local services must work together to identify the risks and take steps to protect the adults from abuse, harm or neglect.

Adults who are more at risk of neglect or other forms of abuse include people who:

* Have a learning disability
* Have a physical disability and/or sensory impairment
* Have mental health needs
* Have dementia or other cognitive impairment
* Have a long-term illness or condition
* Are users of alcohol or drugs

## Types and indicators of abuse

Abuse includes not only active acts of harm or mistreatment, but also the failure to act, the neglect of someone’s needs. Individuals may be abused or neglected in a family or in an institutional or community setting or online.

The list below is based on the [Care and Support Statutory Guidance](https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance) and is a guide to the sorts of behaviours that could give rise to a safeguarding concern. It is not exhaustive.

### Physical abuse

* Assault, hitting, slapping, pushing
* Misuse of medication
* Restraint
* Inappropriate physical sanctions

### Domestic violence

The cross-government definition of domestic violence and abuse is: “any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners of family members regardless of gender or sexuality.” The abuse can encompass, but is not limited to:

* Psychological
* Physical
* Sexual
* Financial
* Emotional
* So-called ‘honour’ based violence

### Sexual abuse

* Rape or sexual assault
* Indecent exposure
* Sexual harassment
* Inappropriate looking or touching
* Unwanted sexual teasing or innuendo
* Sexual photography
* Subjection to pornography or witnessing sexual acts
* Sexual acts to which the adult has not consented or was pressured into consenting

### Psychological abuse

* Emotional abuse and verbal abuse
* Threats of harm or abandonment
* Deprivation of contact, not allowing someone to see friends or people from services or support networks
* Humiliating, blaming, controlling, intimidating, coercing
* Cyberbullying

### Financial or material abuse includes

* having money or other property stolen
* being defrauded
* being put under pressure in relation to money or other property, e.g., wills or investments
* having money or other property misused.
* Internet scams, postal scams, doorstep crime – these should also be reported to the police

### Modern slavery

* Slavery
* Human trafficking
* Forced labour and domestic servitude
* Traffickers and slave master using whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude and inhumane treatment

### Discriminatory abuse

* Harassment
* Slurs or similar treatment because of, for example,
	+ Race, gender or gender identity
	+ Age
	+ Disability
	+ Sexual orientation
	+ Religion

### Organisation abuse

* Neglect or poor care practice in an institution or setting such as a care home or hospital
* May result from the structures and processes of an organisation
* May involve ongoing ill-treatment or one-off incidents
* May include care that is provided in the individual’s own home

### Neglect and acts of commission

* Ignoring medical, emotional or physical care needs
* Failing to provide access to appropriate health, care and support or educational services
* With-holding life necessities such as food, medication, heating

### Self-neglect

* Concerns should also be reported although it may lead to a needs assessment rather than a safeguarding enquiry
* Covers a wide range of behaviours such as neglecting to care for personal hygiene, health or surroundings, including hoarding.

### Cyber-bullying

* Repeatedly making fun of another person or humiliating them in online forums or in texts or emails.
* It may also be discriminatory abuse

### Mate crime

* When vulnerable people are befriended by a member of the community who then exploit or take advantage of them
* Carried out by someone the adult knows and may have seen as a friend
* Often happens in private

### Forced Marriage

* Occurs when people are married against their will and without their consent. It is a criminal act to force someone to marry.

# Responding to a concern

Any member of staff or volunteer may witness behaviour that gives rise to safeguarding concerns or come into contact with a vulnerable adult who makes a disclosure of abuse or neglect. It is not always easy to know how to respond and the following protocol is to support us in responding appropriately and in compliance with the legal framework.

## If someone raises a concern with you

#### While hearing the concern

* **Remain calm** (do not show shock or disbelief)
	+ Maintain a sympathetic and at the same time matter of fact stance that conveys that you are taking the matter seriously
	+ Do not ignore or dismiss
	+ Do not make judgements or express your own views
* **Decide if there is an immediate risk to their safety**
	+ Call emergency services if needed
	+ Take care to preserve forensic evidence if relevant
* **Listen carefully**
	+ Your report should be as close to the words actually used by the individual speaking to you as possible, rather than your summary or interpretation
	+ Listen to any wishes they express as well as the alleged facts, and although you cannot promise that this is what will happen, you should include these wishes as expressed at the time, in your report. This is in line with the principle of ‘Making Safeguarding Personal’ (see *Appendix 3: Other* resources*)*.
* **If possible, make written notes**
during the conversation and check accuracy with the individual concerned. Include the date, time and place and your name and signature.
* **Keep questions to a minimum**
	+ Remember that it is not your job to find out ‘the truth’ of the matter, only to listen and document what is being said. Investigating the concern or allegation is the job of the professional adult protection services.
	+ Be very careful not to make suggestions via leading questions
* **Explain that you have a duty of care to discuss this with the senior person responsible for safeguarding at Healthwatch Sutton**and they may contact the Sutton safeguarding team
	+ Aim to get the individual’s consent for this information sharing
	+ Reassure them that what they have said will only be disclosed to people who need to know
	+ Do not promise to keep anything secret
* **Give the adult contact details**so they can report further issues or follow up
* **Do not confront the alleged abuser**or take any other independent actions.

## If you have a concern arising from what you have observed

* Sometimes the concern might arise from something you witnessed rather than something you were told. Observe as objectively as possible what you saw and/or heard, and the place and context in which this occurred.

## In any case, document the concern fully as soon as possible: in nearly all instances would be on the same day

### Ideally use the form in Appendix 6 of this policy – but documenting as soon as possible is more important than using the right form. Be sure to include the date and time and your name, signature and role.

## Contact the appropriate person at Healthwatch Sutton

|  |  |
| --- | --- |
| **Situation** | **Who to contact** |
| Suspicion or allegation against a Healthwatch Sutton staff member, trustee or volunteer | Healthwatch Sutton CEO who will liaise with the Safeguarding Lead and Chair |
| Suspicion or allegation against Healthwatch Sutton CEO | Chair of Healthwatch Sutton |
| All other instances | Healthwatch Sutton Safeguarding Lead |
| If the Safeguarding Lead is unavailable | Healthwatch Sutton Deputy Safeguarding Lead |
| In the unlikely event that neither of the above is available  | Healthwatch Sutton CEO or Chair |

* Contact numbers can be found in **Appendix 5** of this policy.
* Ensure that once the information has been passed on and stored securely by Healthwatch Sutton, any documents related to the suspicion or allegation are deleted from your own device(s) in line with UK GDPR

## Role of the Healthwatch Sutton Safeguarding Lead

* Listen to the concern and read what has been documented by the staff member or volunteer
* Check that any steps needed to ensure that the at-risk individual is safe in the immediate term have been taken, and that their wishes have been sought and documented if possible
* Decide whether to make a referral, seeking advice if needed, and taking account of
	+ The individual adult’s wishes insofar as these are known, and whether they have given consent for a referral to be made
	+ If consent has been withheld, whether the situation justifies over-riding this
* If making a referral, do so promptly
* Support the staff member or volunteer who raised the concern
* Report to Healthwatch England. They only need to know that a safeguarding concern has been reported.

# Allegations against a member of staff, trustee or volunteer

The organisation will fully support and protect anyone, who in good faith, reports their concern that a colleague is, or may be, abusing an adult. Where there is a complaint against a member of staff, director or volunteer, there may be three types of investigation: criminal investigation, adult at risk investigation, disciplinary/misconduct investigation. The results of any police or adult at risk investigation may influence the disciplinary investigation, but this is not necessarily the case.

## Role of the CEO

The CEO, working closely with the Chair and Safeguarding Lead will

* Make an immediate decision about whether a temporary suspension is required and implement as needed
* Ensure appropriate investigations (police, social services, internal) are put in place
* Take the lead on any internal investigation
* Review the outcomes of the investigations and, in consultation with the Board, decide whether the staff member, volunteer or trustee can be reinstated
* Ensure all the above actions are handled sensitively, with the safety and protection of adults at risk remaining of paramount importance

# Information sharing, confidentiality and documentation

* Staff, trustees and volunteers have a responsibility to share relevant information on a ‘need to know’ basis so that the adult safeguarding teams can investigate concerns and take steps to protect the safety and wellbeing of adults who are not in a position to be able to protect themselves.
* Where possible, consent for information sharing should be obtained, but the safety of the individual should always be the overriding concern.
* All personal information about the individual involved will be treated as confidential, and not disclosed other than to alert the relevant agencies as above. Written records will be stored securely for a specific time in line with UK GDPR guidance.
* Information sharing decisions will be guided by the seven “golden rules” set out in the government document **Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers**:
1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and upto-date, is shared in a timely fashion, and is shared securely (see principles).
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose

# Safe recruitment, induction, training and supervision

Healthwatch Sutton operates procedures that take account of the need to safeguard and promote safety and wellbeing, including arrangements for appropriate checks on volunteers.

## Recruitment

The following procedures apply to all staff, trustees and volunteers unless otherwise stated:

* An identity check using the 3-route process
* A Disclosure and Barring Service (DBS) check
* Encouragement to join the DBS update service
* A central record of dates and outcomes of DBS checks (stored securely and then deleted in line with UK GDPR)
* Any concerns about the outcome of a DBS check to be discussed with the Chair and referred to an ad hoc sub-group of the Board
* An interview with at least two appropriately trained interviewers
* All trustee appointments reviewed by the Board
* A clear job or role description for all positions and confirmation that the individual meets the person specification for the relevant post or role
* Two references obtained and checked

## Induction

Induction is an important part of the process and includes

* A discussion about safeguarding and how applies in their role
* Familiarisation with this policy and confirmation that they are clear about what to do and who to contact when any concerns arise
* Information about opportunities for further safeguarding and related training
* Clarification of expectations about the safeguarding training to be undertaken and within what timeframe. This will vary depending on the specific role being undertaken.

## Training

Training is essential in updating our understanding and skills and ensuring compliance with Sutton Healthwatch safeguarding policies and procedures

#### When:

* At induction: Safeguarding Adults awareness training and familiarisation with the Healthwatch Sutton Safeguarding Policy
* Every three years: refresher training
* Before a programme of Enter and View visits: brief or longer refresher training as needed
* As needed: opportunities for training are shared with all staff, trustees and volunteers so they can develop and update their knowledge and skills

#### Monitoring compliance

* Reflection on training needs including safeguarding is part of the annual staff appraisal
* A central record is kept of the safeguarding training undertaken by staff, trustees and volunteers
* A training compliance update is included in the regular safeguarding reports to the Board.

## Supervision

Most staff and all volunteers work in teams or open environments where they are not alone with adults at risk. Where necessary, staff members (but not volunteers) may work alone with adults at risk providing they have completed a satisfactory probationary period.

# Appendices

## Appendix 1: Legal Framework

* The Care Act 2014, and see also the Care and Support statutory guidance: <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>
* Human Rights Act 1998
* Equality Act 2010, and see also “Your rights under the Equality Act 2010” by the Equality and Human Rights Commission: <https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010>
* The Mental Capacity Act 2005

Current versions of legislation are available at www.legislation.gov.uk

## Appendix 2: Related Healthwatch Sutton documents

This policy should be read in conjunction with the following Healthwatch Sutton policies, which are available on the Healthwatch Sutton website at [www.healthwatchsutton.org.uk/policies](http://www.healthwatchsutton.org.uk/policies)

* Whistleblowing Policy
* Data Protection Policy
* Confidentiality Policy
* Equality, Diversity and Inclusion Policy
* Complaints Policy
* Code of Conduct Policy

## Appendix 3: Other resources

* [Adult safeguarding policies and guidance - Sutton Council](https://www.sutton.gov.uk/w/adult-safeguarding-policies-and-guidance)
* [Easy read guide to identifying abuse – Sutton Council](https://www.sutton.gov.uk/documents/20124/448650/SafeguardingAdults161208.pdf/225e5f96-d1b6-ac4d-88c6-ac54621f612a?t=1635525585876)
* [Report abuse of an adult - Sutton Council](https://www.sutton.gov.uk/w/report-abuse-of-an-adult)
* [Making Safeguarding Personal | Local Government Association](https://www.local.gov.uk/our-support/partners-care-and-health/care-and-health-improvement/safeguarding-resources/making-safeguarding-personal)

## Appendix 4: The six principles of safeguarding

First introduced by the Department of Health in 2011, but now embedded in the Care Act, these six principles apply to all health and care settings.

#### 1. Empowerment

People being supported and encouraged to make their own decisions and informed consent

#### 2. Prevention

It is better to take action before harm occurs.

#### 3. Proportionality

The least intrusive response appropriate to the risk presented.

#### 4. Protection

Support and representation for those in greatest need.

#### 5. Partnership

Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

#### 6. Accountability

Accountability and transparency in safeguarding practice.

## Appendix 5: Contact numbers

**Healthwatch Sutton**

* Pete Flavell, Chief Executive and Adult Safeguarding Lead, 07726 543 440
* Andrew McDonald, Healthwatch Sutton Deputy Safeguarding Lead, 07470 203 655

**Sutton Adult Social Care**

* The online form for reporting abuse is here: [Report abuse of an adult - Sutton Council](https://www.sutton.gov.uk/w/report-abuse-of-an-adult)
* You can report a concern to Sutton Council by phone on 020 8770 6770 (9am – 5pm, Monday – Friday)
* You can report a concern to Sutton Council outside working hours on 020 8770 5000.

## Appendix 6: Form for documenting incidents, concerns, or allegations

This form collects the information which Sutton Council will ask for when a concern is reported to them.

|  |
| --- |
| **Details of the person raising a concern:**Name: Role: Phone:Email:  |
| **Details of the adult at risk of abuse, harm or neglect:**Name: Address:Date of birth or age:Any other relevant information to helpSutton Council identify the person:  |
| **Details of the person mistreating the adult**Name (if known):Any other relevant information: |
| **What has happened or is happening that makes you concerned?** |
| **Any actions taken to address immediate risks, or that need to be taken** |
| **Name and role of person reporting the concern to Sutton Council**  |
| **Date and time**  |
| **Signature**  |